

SCWS 71

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>11/29</i>		<i>11-19-01</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>11/29</i>
FORMALITY REVIEW	<i>CTH</i>	<i>744</i>	<i>11-30-01</i>
RESPONSE FORMALITY REVIEW	<i>AM</i>	<i>917</i>	<i>01-16-02</i>
	<i>MTB</i>	<i>954</i>	<i>3/12/02</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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*5829 1-16-02*  
*11/30/01*

If more than 150 claims or 10 actions  
staple additional sheet here

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*TM 1864*  
*11/30/01*